U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 4/15	2. Fiscal Year Covered From:	
012-194	1 / 1 / 04 Through: 12 / 31 / 04	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Thomas Heider	Name Teamsters Local 110	
	Labor Organization File Number 0/11/94/	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Box 180	
Street 2630 Carpenter Park Drive	Street	
City Davidsville	City Ebensburg	
State PA ZIP Code + 4 15928	State PA ZIP Code + 4 15931	
5. Position in labor organization.  Business Agent		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount	
Street		
City		
State ZIP Code + 4	**************************************	
Signa	nture .	
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the sec	nd documents), has been examined by the signatory and in the best of the	
Signed Musses n. Herder	On 7-21-05 814-472-6646  Date Telephone Number	

Name of Person Filing Thomas Heider	File Number U- O 1 2 - 1 9 \( \frac{1}{2} \)	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Team Sters Ind Wel Fare  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 3025 WASh Road	9. Business deals with:  a. Labor Organization  L. b. Trust  c. Employer	
State PA ZIP Code + 4 153/7		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any:	Annual Education MAG	and control of the co
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing. 2.416.50	<u> </u>
City	11.b. Approximate dollar value of such dealing. 2, 416.50	<u> </u>
State ZIP Code + 4	Nonce	Other course devalls applicate and these are
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	_
Name Jubelirer, Pass & Intrieri, P.C.	Christmas gift of food and beverage valued at \$50.00 from law firm who	****
Trade Name, if any:	represents Teamsters Local 110.	Activities of the
P.O. Box, Bldg., Room No., if any		Million of the same of the same
Street 219 Fort Pitt Boulevard		And the second
City Pittsburgh		e a d'arten anne
State PA ZIP Code + 4 15222		
13 h Is the Rusiness an Employer V or Consultant 2	14.b. Amount of payment.	_